

# **Navigating Shared Decision Making in Primary Care**

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# Land Acknowledgment

We acknowledge that this conference takes place in Tiohtià:ke/Montréal, on the unceded Indigenous lands of the Kanien'kehá:ka/Mohawk Nation.

Kanien'kehá:ka is known as a gathering place for many First Nations, and we recognize the Kanien'kehá:ka as custodians of the lands and waters on which we gather today.

# Disclosures Dr Reynolds

- Family Physician and Medical Director, Crowfoot Village Family Practice, Calgary
- Medical Director, Calgary Foothills Primary Care Network
- Choosing Wisely Alberta Steering Committee, member
- Choosing Wisely Canada Family Medicine Advisory Group, member and CWC Primary Care Co-lead
- National Practising Wisely Scientific Planning Committee member, Practising Wisely Facilitator

# Disclosures Dr Thériault


- Family Physician
- Co-president of the Canadian Task Force
- Member of the board of Choosing Wisely Quebec
- Choosing Wisely Canada Family Medicine Advisory Group, member and CWC Primary Care Co-lead
- National Practising Wisely Scientific Planning Committee member, Practising Wisely Facilitator

# Objectives

- Identify opportunities for shared decision making with patients
- Describe new and existing challenges in shared decision making
- Identify tools and resources that can support shared decision making in practice

# Poll question #1

- True or False:
  - Shared decision-making means presenting a patient with benefits and harms of a test or treatment and letting them make the decision.

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# What is Shared Decision Making?

“an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences”

--- Elwyn et al




# Shared Decision Making

- Is **not** about convincing your patient to make a specific decision
- Is **not** about presenting information and leaving patients to decide on their own

# Why talk about it here?

- Up to 30% of tests, treatments and procedures are unnecessary
- Core principle of family medicine: relationship with patient over time
- We all have a responsibility to be stewards of our health system

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# Shared Decision Making

## Step 1

Introduce the need for a decision

## Step 2

Describe benefits and harms of options (with or without decision aids)

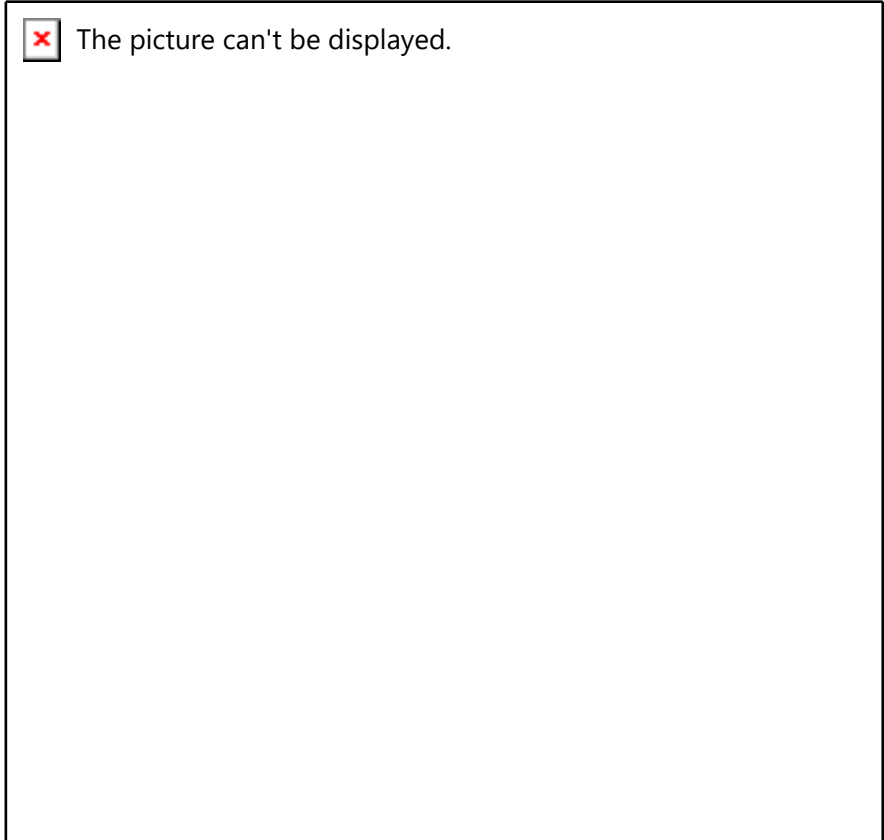
## Step 3

Help the patient make sense of this information (incorporating preferences and values)

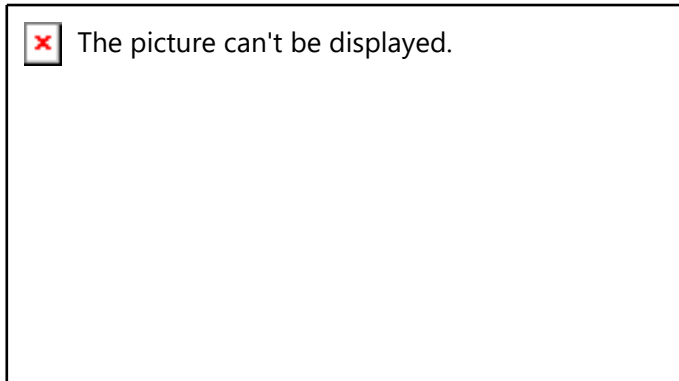
Elwyn G et al Shared decision making: a model for clinical practice. J Gen Intern Med 2012;27(10):1361-7

# Identify the need for a decision (Choice)

- More than one medically **valid** options, with potential benefits and harms
- Optimal decision is different for different people depending on life circumstances, values and preferences



# Describe benefits and harms of options



Applicability to the patient situation


Benefits and harms

Size of effect

Uncertainties

Natural frequencies

Help the patient make sense of this information

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Experiences

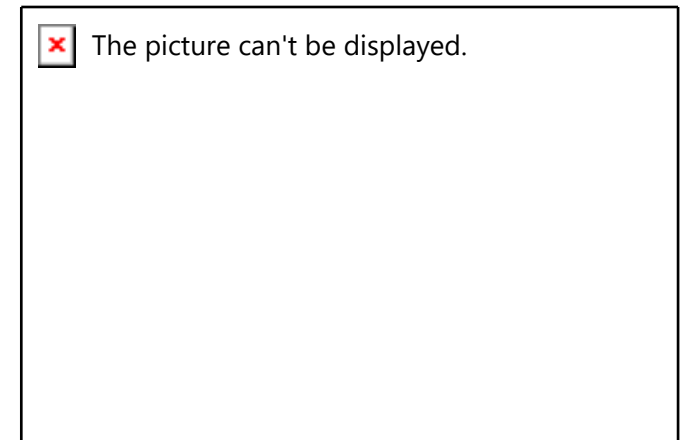
Values

Preferences

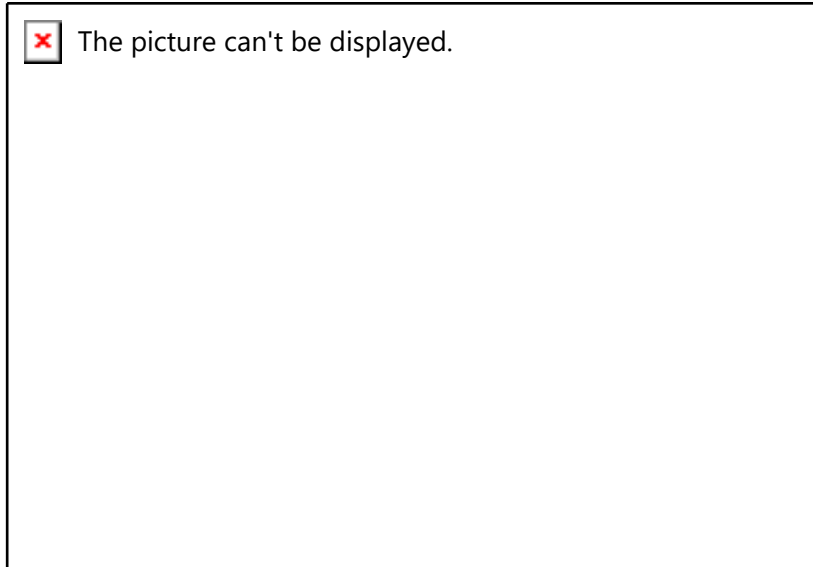
Guidelines recommendations are for the general population and may not apply to your patient


Many recommendations are conditional because there is an equipoise between the benefits and harms – shared decision making is key


A good decision = aligned with patient's values




# Pitfalls in risk communication?



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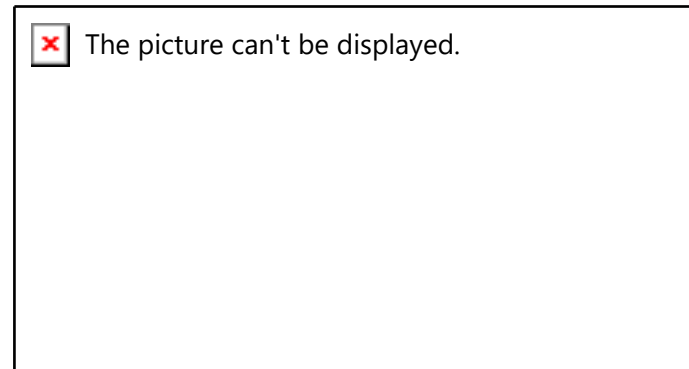
# Pitfall n°1 : Using relative risk

- Variation in risk seem more important
- Absolute risk is more transparent
- Instead of saying« this medication may reduce your risk of this problem of 50 % » (relative risk reduction), you should say
- « This médication may reduce your risk from 6/1000 to 3/1000 » (absolute risk reduction)

# Pitfall n°2 : Beware of percentages

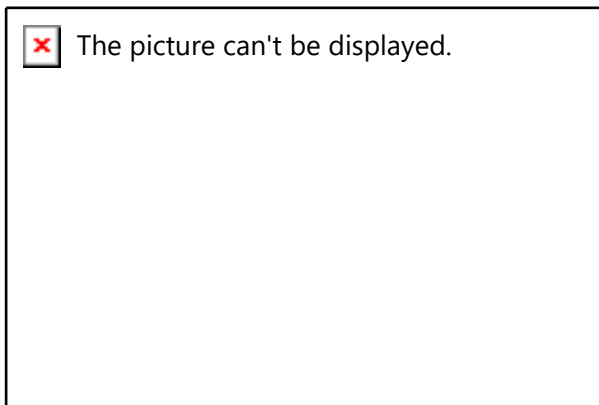
- The literature is mixed on this
- But some patients may understand better 13/100 than 13%

<https://pubmed.ncbi.nlm.nih.gov/16022695/>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC200816/>



# Pitfall n°3 : The denominator

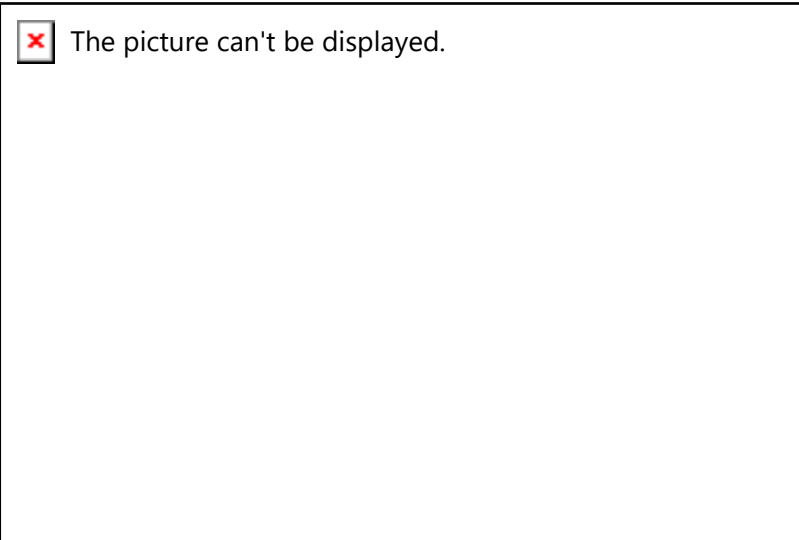
Vous êtes  
hypertendu



- Your stroke risk is 3/250
- Your heart attack risk is 4/500
- Your renal insufficiency risk is 4/1000
  
- Clear?
  
- Your stroke risk is 12/1000
- Your heart attack risk is 8/1000
- Your renal insufficiency risk is 4/1000

# and ... no 4

- Beware of framing
- Beware of words like important
- Be sure to make uncertainties clear



## No decision – no SDM

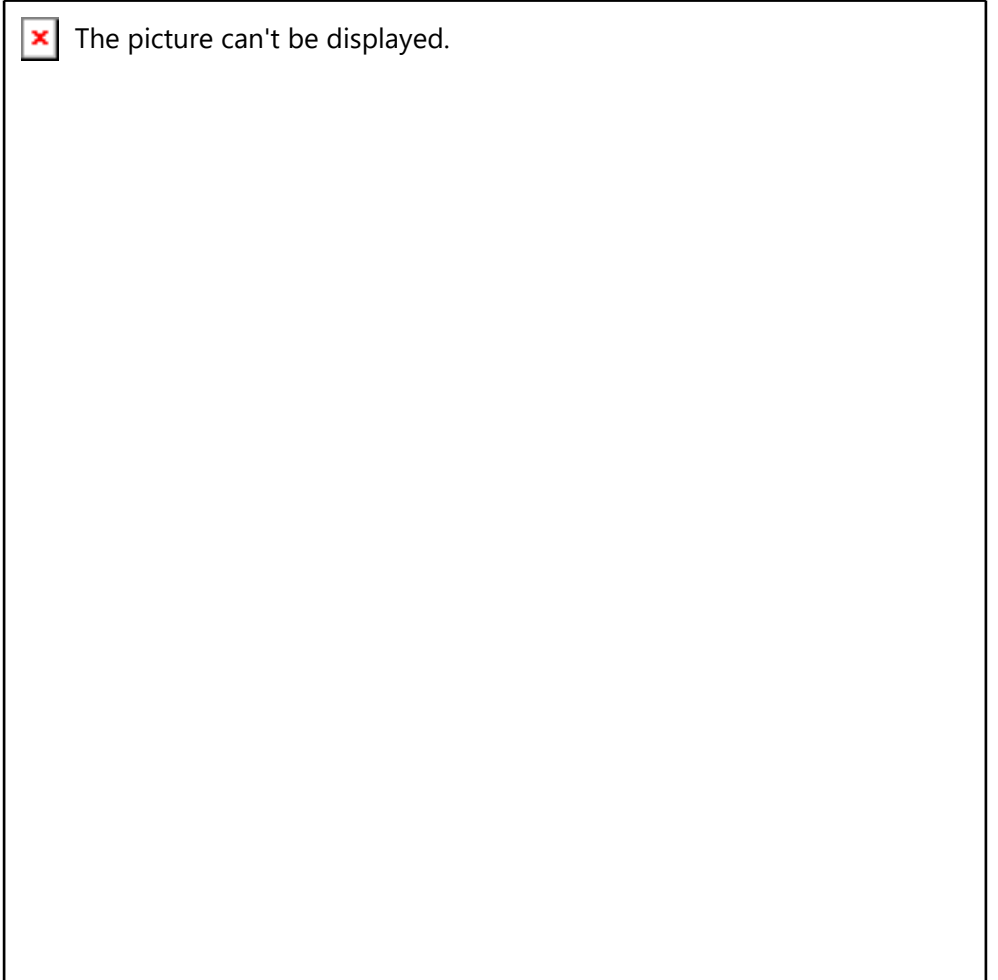
- No valid indication for a test or treatment
- Urgency to act where benefits clearly outweigh possible harms for this patient
- Only one therapeutic option and not treating would be clearly detrimental

# No possible collaboration – no SDM


- The patient cannot collaborate in the process of SDM
  - Significant cognitive impairment
    - Dementia
    - Under the influence of a substance
    - Emotional distress/overload/crisis
- Could engage substitute decision maker if there is one

# Describe Options

- Harms and benefits of intervention(s)
- Harms and benefits of no intervention
- Decision aids



# Patient preference and values

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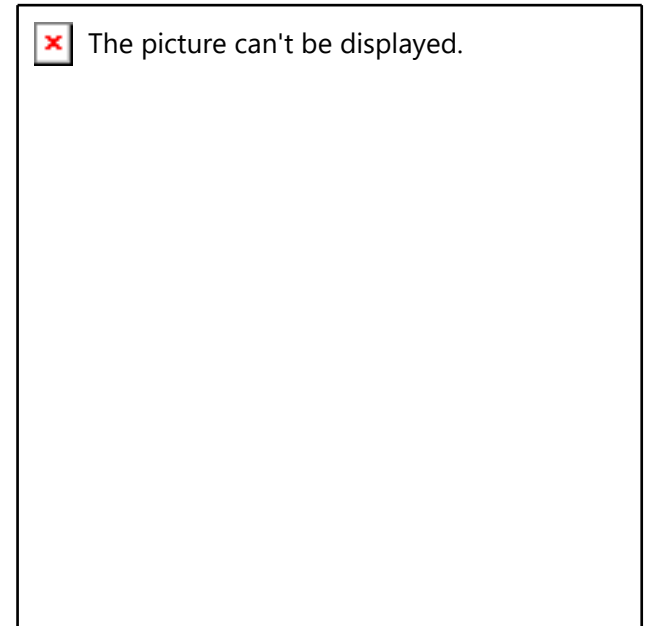
- How do you get to this?
- **Preferences:** inclinations toward or away from an option
- **Values:** underlying feelings, morals, ethics that help determine preferences

# Shared decision-making opportunities

- Screening
- Therapeutic options
- Advance Care planning/Serious Illness Conversations

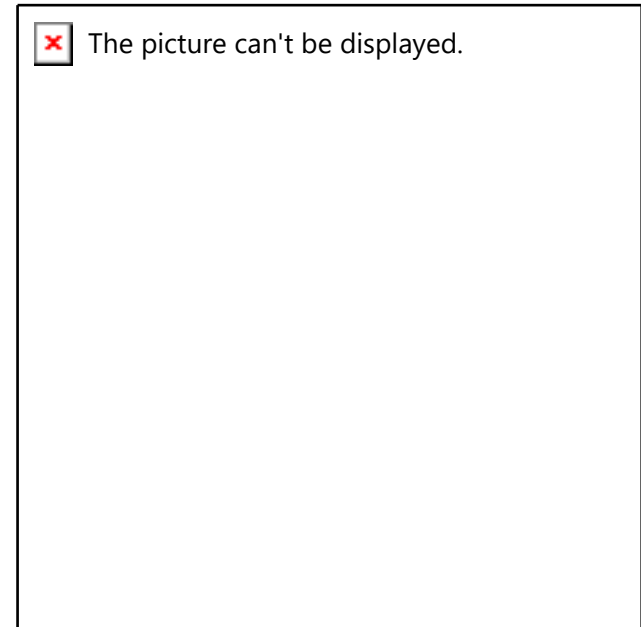
## Poll #2

- You are seeing a 68 year old patient with a 40 pack year smoking history. They successfully quit “cold turkey” 7 years ago.
  - They wonder if they should be checked for lung cancer.
- 
- Is this an opportunity to practice SDM skills?
    - Yes
    - No
    - Maybe



# Poll #3


- You are seeing a 50 year old women
- They wonder about mammography screening
  
- Is this an opportunity to practice SDM skills?
  - Yes
  - No
  - Maybe




# SDM in screening

- CTFPHC Lung Cancer Screening recommendation:
- **Low dose computed tomography (LDCT)** For adults aged 55-74 years with at least a 30 pack-year smoking history who currently smoke or quit less than 15 years ago, we recommend annual screening with LDCT up to three consecutive times.
- **Screening should ONLY be carried out in health care settings with expertise in early diagnosis and treatment of lung cancer.**

*Weak recommendation; low quality evidence*

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# SDM in screening

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# SDM in screening

- CTFPHC Breast Cancer Screening recommendation:
- *For women aged 50 to 69 years, we recommend screening with mammography every two to three years; the decision to undergo screening is conditional on the relative value that a woman places on possible benefits and harms from screening.*
  - Care providers should engage in shared decision-making with women aged 50 to 69

*Weak recommendation; very low quality evidence*

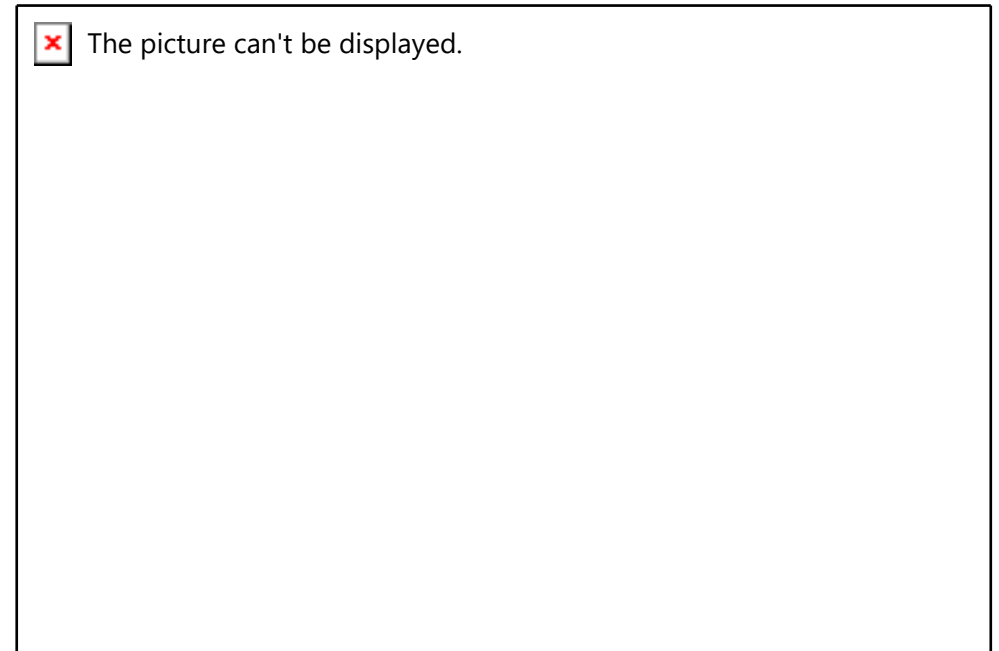
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# SDM in screening

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# SDM with therapeutic choices


- Mild to moderate Depression
- Prescription for anti-depressants vs other alternatives



<https://decisionaid.ohri.ca/azinvent.php>

Unsplash.com

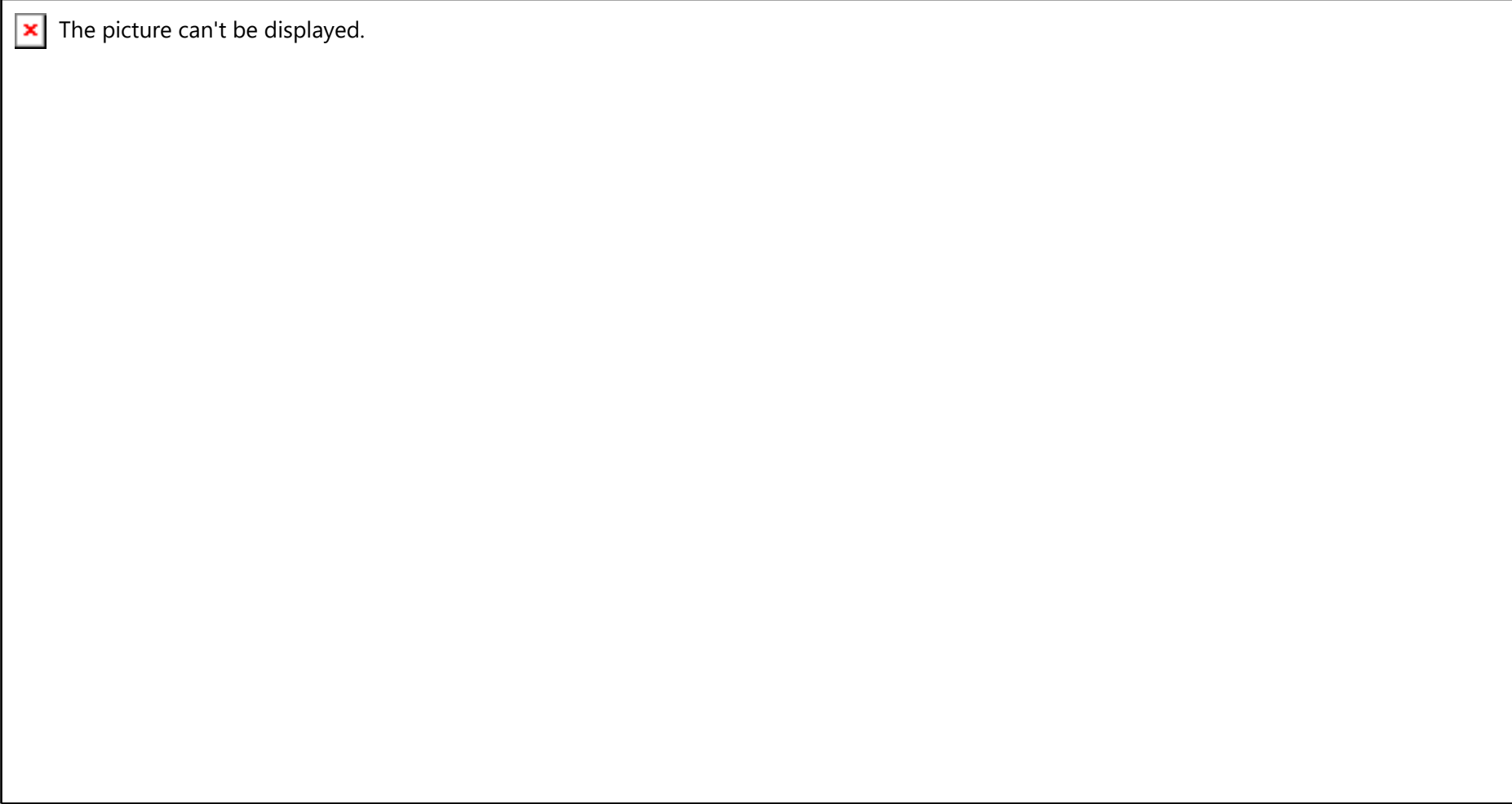
# SDM with therapeutic choices


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Older adults

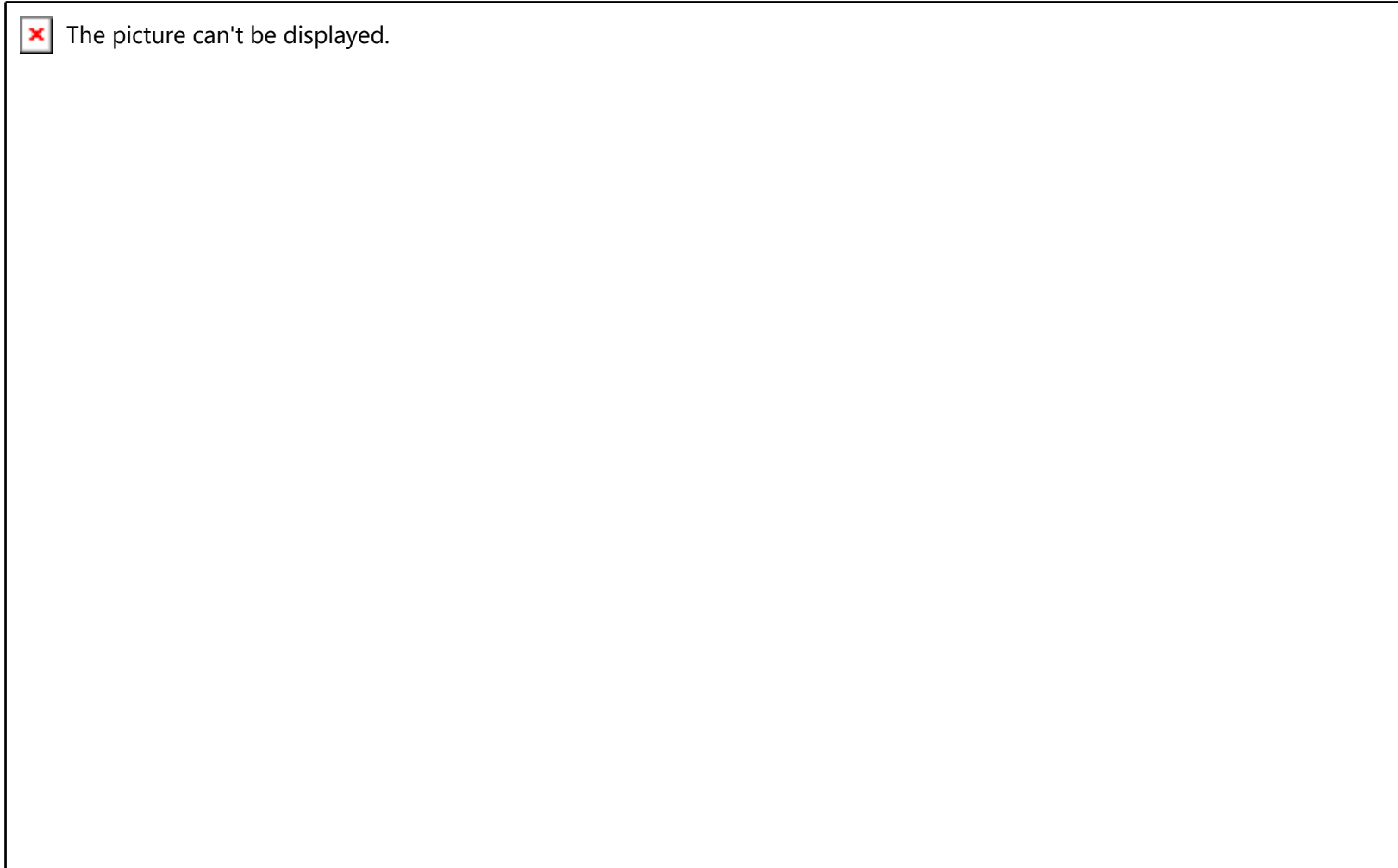
[https://www.boitedecision.ulaval.ca/en/box-details/?tx\\_tmboites\\_tmboitesmain%5Bclear%5D=1&tx\\_tmboites\\_tmboitesmain%5Bboite%5D=58](https://www.boitedecision.ulaval.ca/en/box-details/?tx_tmboites_tmboitesmain%5Bclear%5D=1&tx_tmboites_tmboitesmain%5Bboite%5D=58)

# SDM with therapeutic choices



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# SDM with therapeutic choices



Mayo clinic  
decision aid



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<https://www.healthwise.net/ohridecisionaid/Content/StdDocument.aspx?DOCHWID=ty6745>



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# Advance care planning

## Conversation Guide

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Designed to help support better and earlier conversations between clinicians and patients about goals and wishes that can inform future care.


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## Four Questions

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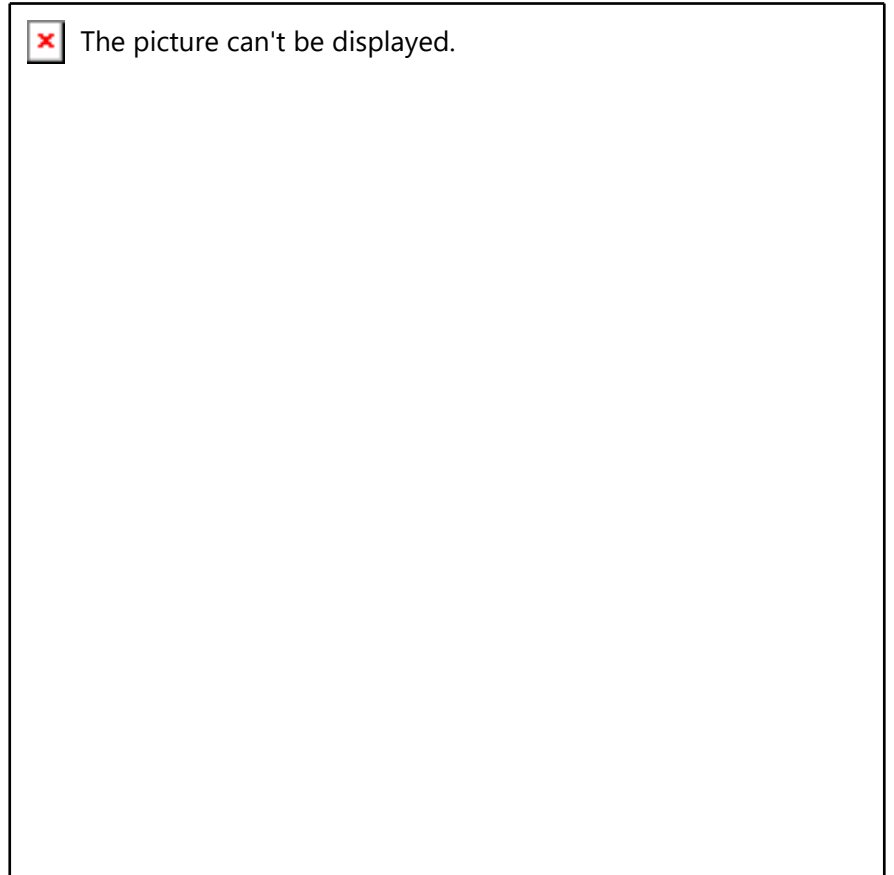
Designed for clinicians to ask patients to start conversations about goals, wishes, and values.

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# Poll 4: What challenges are you facing in using SDM in practice?

- Time
- Skills
- Marketing to patients
- Knowledge gaps/misuse
- All of the above!




# New and Existing Challenges for primary providers to use SDM in practice

- Time
- Skills
- Marketing to patients via social media, special interest groups
- Knowledge gaps/misuse
  - Patients
  - Providers

# Resources for decision aids

- CTFPHC 1000 person tool
  - Developed for many of the screening recommendations
  - <https://canadiantaskforce.ca/tools-resources/>
- CWC Serious Illness Conversation Guide
  - <https://choosingwiselycanada.org/serious-illness-conversations/>
- Ottawa Personal Decision Guides:  
<https://decisionaid.ohri.ca/decguide.html>

# Questions and comments

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# References

- [To share or not to share When is shared decision making the best option?](#)
  - Guylène Thériault, Roland Grad, James A. Dickinson, Pascale Breault, Harminder Singh, Neil R. Bell and Olga Szafran Canadian Family Physician May 2020, 66 (5) 327-331;
- Prevention in Practice Series of Articles in the CFP